STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056367	A. Building B. Wing	01/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Rehabilitation Center of North Hills	9655 Sepulveda Boulevard North Hills, CA 91343

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43636 Based on interview and record review the facility failed to account for 16 tablets of hydromorphone hydrocholoride (Dilaudid- controlled medication [medications with a high potential for abuse] used to treat severe levels of pain) for one of three sampled residents (Resident 1). This deficient practice increased the risk of diversion (any use other than that intended by the prescriber) of the controlled medication and had the potential for Resident 1 to have increased discomfort, increased pain levels and decreased quality of life. Findings: During a review of Resident 1 ' s Admission Record, the Admission Record indicated the facility originally admitted Resident 1 on 9/2/2021, and readmitted on [DATE] with diagnoses including pelvic fracture (break in the bone), fracture of the lumbar vertebra (bones located in the lower back), septic shock (a life-threatening blood infection), chronic kidney disease (decreased kidney function), and chronic pain syndrome. During a review of Resident 1 ' s Minimum Data Set (MDS - a resident assessment tool) dated 12/24/2024, the MDS indicated Resident 1 ' s cognition (the mental action or process of acquiring knowledge and understanding through thought, experience, and the sense) was moderately impaired. Resident 1 required set up assist with eating, supervision with oral hygiene, personal hygiene and dependent on staff with toileting and showering. During a review of Resident 1 ' s physician orders dated 1/20/2025, the physician order indicated an order for hydromorphone hydrocholoride oral tablet 4 milligrams (mg-a unit of measurement), give 1 tablet by mouth every 6 hours as needed for severe pain. During a review of Resident 1 ' s History and Physical (H&P) dated 1/21/2025, the H&P indicated Resident 1 had the capacity to understand and make decisions. (continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056367	A. Building B. Wing	01/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Rehabilitation Center of North Hills	9655 Sepulveda Boulevard North Hills, CA 91343

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview with Licensed Vocational Nurse (LVN) 1 on 1/24/2025 at 3:20 PM, LVN 1 stated that she was assigned as the charge nurse for Resident 1 on 1/7/2025 from 3 p.m. to 11 p.m. LVN1 tated that at the end of the shift the narcotic count (a process licensed nursing staff uses to keep track of narcotic medication during change of shift) was completed with LVN 2 and there were no discrepancies noted. LVN 1 stated that she returned on 1/8/2025 at 7 a.m. as the charge nurse for Resident 1. LVN 1 stated that the narcotic count was completed with LVN 2, and no discrepancies were found with the narcotic count at that time. LVN 1 stated around 11:30 a.m., LVN 1 spoke with Resident 1 and Resident 1 requested a Dilaudid tablet due to an increased pain level. LVN 1 stated that when attempting to retrieve the Dilaudid for Resident 1, the Dilaudid packet was not found in medication cart. LVN 1 stated she then attempted to locate the sign out sheet (a tracking log used to account for each narcotic medication) for Dilaudid in the narcotic sign out book but unable to locate the sign out sheet. LVN 1 stated she informed the Director of Nursing (DON) and contacted the pharmacy and obtained the Dilaudid through the emergency system and provided Resident 1 with the Dilaudid for pain control. During an interview with the Administrator (ADM) on 1/28/2025 at 3:00 p.m., the ADM stated that he was informed of Resident 1 ' s missing Dilaudid by the previous DON and stated that he began an investigation right away. The ADM stated that the investigation determined that Resident 1 had 16 Dilaudid tablets left in the medication package, but the facility was unable to locate the packet. The ADM stated that is the facility's responsibility to secure all medications including Resident 1 ' s Dilaudid tablets. During a review of the facility policies and procedures (P&P) titled Safeguarding Controlled Substances with an approval date of 1/8/2025, the policy and procedure indicated the facility has established guidelines for safe handling receiving, storing, administering, reconciling, and safeguarding controlled substances. The purpose to minimize the time between identification and actual loss or diversion of medications or suspected controlled substance diversion involving any employee, determination of the extent of loss or diversion and to safeguard patients and their property .Each controlled prescription must have a controlled log record to accompany any substance added to the controlled supply. Such controlled substance log shall include: A. Name of the resident B. Name and strength of the medication C. Quantity received D. Number on hand E. Name of physician F. Prescription number G. Name of issuing pharmacy H. Date and time received I. Time of administration (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056367	A. Building B. Wing	01/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Rehabilitation Center of North Hills	9655 Sepulveda Boulevard North Hills, CA 91343

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	J. Method of administration K. Signature of persona receiving medication L. Signature of nurse administering medications. All packages added or removed from the controlled supply should be logged in and out on the controlled item reconciliation log for inventory.